

**Household Moving Allowance\***  
**State of South Dakota**

**RECEIVED**  
**JUL 25 2018**  
**S.D. SEC. OF STATE**

\*For moves less than 50 miles only

When Application and Authorization sections  
are completed, please submit the original to:

State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501      Phone: 605-773-3537

Please check one:

- ☒ State Transfer (SDCL 3-9-9)  
Full-time continuous employment for 6 months.
- ☐ Professional Recruitment (SDCL 3-9-12)  
Attach a written copy of the offer of employment and of payment of moving expenses.

**PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. 01 eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.**

**Application**

**Kyle Michael Lenzner**

Name of Applicant

**WCO**

New Position Title

**SD GFP**

Agency Employed By

**46,800**

Yearly Salary

**Clark, SD**

City, State Moving From

**Watertown**

New Post of Duty (City)


**April/2018**

Expected Month/Year of Move

**GH I**

Bureau of Human Resources Class Code

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

  
Signature of Applicant

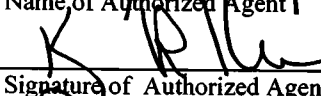
**06/15/2018**  
Date

**Authorization**

☒ The undersigned agent hereby certifies that the above agency ordered the applicant to move as indicated and that the move will be for the benefit of the State of South Dakota. The Agent further declares that to the best of my knowledge and belief the request and authorization for reimbursement of actual household moving expenses are true and correct.

**Kelly R. Hepler**  
Name of Authorized Agent

**Cabinet Secretary**  
Position/ Title of Authorized Agent

 **7/25/18**  
Signature of Authorized Agent      Date

**Game, Fish & Parks**  
Agency of Authorized Agent

**Approval by State Board of Finance**

Approved by the  
State Board of  
Finance on

Date

Signature of Secretary, State Board of Finance

**Note: This form is for moves of less than 50 miles only. When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.**

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### Application

**Eric Leise**

Name of Applicant

**60,000.00**

Yearly Salary

**00344**

Bureau of Human Resources Class Code

**Yankton, SD**

City, State Moving From

Director of Int'l Relations & Global Engagement

New Position Title

**Spearfish**

New Post of Duty (City)

**7/22/2018**

Employment Date with the State

Black Hills State University

Agency Employed By

**8/1/ 2018**

Expected Month/Year of Move

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DocuSigned by:

*Eric Leise*

Signature of Applicant

7/27/2018 | 10:52:20 AM MDT

Date

### Authorization

☐ The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

**Brandon Bentley**

Name of Authorized Agent

Director, Business Services , Controller

Position/ Title of Authorized Agent

DocuSigned by:

*Brandon Bentley*

Signature of Authorized Agent

7/27/2018 | 11:39:51 AM MDT

Date

Black Hills State University

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

**Household Moving Allowance  
State of South Dakota**

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**Application**

<u>David McFarland</u> Name of Applicant	<u>Fleet + Travel Manager</u> New Position Title	<u>BOA</u> Agency Employed By
<u>\$80,308.80</u> Yearly Salary	<u>Denver, CO</u> City, State Moving From	<u>Pierre, SD</u> New Post of Duty (City)
<u></u> Bureau of Human Resources Class Code	<u>8-6-18</u> Employment Date with the State	<u>7/2018</u> Expected Month/Year of Move

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David McFarland 06-25-2018  
Signature of Applicant Date

**Authorization**

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<u>Scott Ballinger</u> Name of Authorized Agent	<u>Commissioner</u> Position/Title of Authorized Agent
<u>[Signature]</u> <u>7-30-18</u> Signature of Authorized Agent Date	<u>Bureau of Administration</u> Agency of Authorized Agent

**Approval by State Board of Finance**

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

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### Application

Sofia Mattesini	Historic Preservation Specialist	Education
Name of Applicant	New Position Title	Agency Employed By
\$41,760.00	Pierre	
Yearly Salary	New Post of Duty (City)	Expected Month/Year of Move
030795	05/24/2018	
Bureau of Human Resources Class Code	Employment Date with the State	

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.


  
Signature of Applicant

07/17/2018  
Date

### Authorization

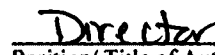
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Tamara Darnall, Director  
Division of Finance and Management, SD DOE

Name of Authorized Agent  
  
Signature of Authorized Agent

Date

7/17/18

  
Position/ Title of Authorized Agent  
SD DOE  
Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

# Household Moving Allowance

## State of South Dakota

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**Phone: 605-773-3537**

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## Application

# Arash Abbasi

Name of Applicant

**\$90,000.00**

Yearly Salary

00286

Bureau of Human Resources Class Code

## Saint Louis, MO

City, State Moving From

Assistant Professor of Computer &amp; Cyber Sciences

New Position Title

**Madison, SD**

**New Post of Duty (City)**

08/22/2018

**Employment Date with the State**

**Dakota State University**

Agency Employed By

## August 2018

Expected Month/Year of Move

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Arash Abbasi

**Signature of Applicant**

**Arash Abbasi**

**August 3, 2018**

Date \_\_\_\_\_

## Authorization

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Stacy Krusemark

Name of Authorized Agent

Signature of Authorized Agent

**August 3, 2018**

Date \_\_\_\_\_

**VP Business & Admin Services**

**Position/ Title of Authorized Agent**

Dakota State University

**Agency of Authorized Agent**

**Approval by State Board of Finance**

Approved by the State  
Board of Finance on

Date \_\_\_\_\_

Signature of Secretary, State Board of Finance

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moving expenses.

### Application

**Shawn Trail**

Name of Applicant

**\$49,000.00**

Yearly Salary

**00800**

Bureau of Human Resources Class Code

**Portland, OR**

City, State Moving From

Sound Arts Artist in Residence/Visiting Asst Professor

New Position Title

**Madison, SD**

New Post of Duty (City)

**August 22, 2018**

Employment Date with the State

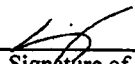
**Dakota State University**

Agency Employed By

**July 2018**

Expected Month/Year of Move

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Signature of Applicant

**Shawn Trail**

**August 2, 2018**

Date

### Authorization

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**Stacy Krusemark**

Name of Authorized Agent



Signature of Authorized Agent

**August 2, 2018**

Date

**VP Business & Admin Services**

Position/ Title of Authorized Agent

**Dakota State University**

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

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### Application

**Richard Speas**

Name of Applicant

**\$55,000.00**

Yearly Salary

**00346**

Bureau of Human Resources Class Code

**Excelsior Springs, MO**

City, State Moving From

**Assistant Athletic Director**

New Position Title

**Madison, SD**

New Post of Duty (City)

**July 30, 2018**

Employment Date with the State

**Dakota State University**

Agency Employed By

**July 2018**

Expected Month/Year of Move

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*Richard Speas*

Signature of Applicant

Richard Speas

August 1, 2018

Date

### Authorization

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**Stacy Krusemark**

Name of Authorized Agent

*Stacy Krusemark*

Signature of Authorized Agent

August 1, 2018

Date

**VP Business & Admin Services**

Position/ Title of Authorized Agent

**Dakota State University**

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

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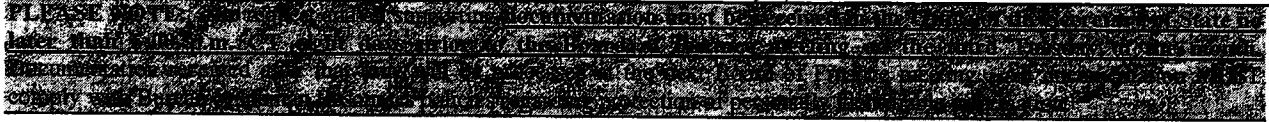
State Transfer (SDCL 3-9-9)

Full-time continuous employment for 6 months.

☒

Professional Recruitment (SDCL 3-9-12)

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### Application

**Rahman Abu Saleh Md Ma**

Name of Applicant

**\$55,000.00**

Yearly Salary

**00800**

Bureau of Human Resources Class Code

**Ottawa, ON Canada**

City, State Moving From

Post Doctorate Visiting Assistant Professor

New Position Title

**Madison, SD**

New Post of Duty (City)

**August 22, 2018**

Employment Date with the State

**Dakota State University**

Agency Employed By

**July 2018**

Expected Month/Year of Move

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Abu Saleh Md Ma Rahman  
Signature of Applicant

August 6, 2018

Date

### Authorization

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**Stacy Krusemark**

Name of Authorized Agent

Stacy Krusemark

Signature of Authorized Agent

Date

**VP Business & Admin Services**

Position/ Title of Authorized Agent

**Dakota State University**

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance



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## Application

**Peter Adcock**

Name of Applicant

**\$55,000**

Yearly Salary

**Sioux Falls, SD**

City, State Moving From

**00905**

Bureau of Human Resources Class Code

**Senior Lecturer - CABS Dept.**

New Position Title

**Rapid City**

New Post of Duty (City)

**08/22/18**

Employment Date with the State

**South Dakota School of Mines & Technology**

Agency Employed By

**August 2018**

Expected Month/Year of Move

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*P.A. Adcock*

Signature of Applicant

*7/23/2018*

Date

## Authorization

☒

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**James Rankin**

Name of Authorized Agent

*J. Rankin*

Signature of Authorized Agent

**July 18, 2018**

Date

**President**

Position/ Title of Authorized Agent

**South Dakota School of Mines & Technology**

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

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## Application

**Tejo Vikash Bheemasetti**

Name of Applicant

Assistant Professor - CEE Dept.

South Dakota School of Mines & Technology

**\$84,000**

**Eules, TX**

New Position Title

Agency Employed By

Yearly Salary

City, State Moving From

**Rapid City**

**August 2018**

New Post of Duty (City)

Expected Month/Year of Move

**00800**

**08/13/18**

Bureau of Human Resources Class Code

Employment Date with the State

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*Tejo Vikash Bheemasetti*

**07/12/2018**

Signature of Applicant

Date

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**James Rankin**

Name of Authorized Agent

**President**

Position/ Title of Authorized Agent

Signature of Authorized Agent

**07/11/18**

Date

**South Dakota School of Mines & Technology**

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance



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## Application

**Prasoon Diwakar**

Name of Applicant

Assistant Professor - ME Dept.

South Dakota School of Mines & Technology

**\$83,000**

Yearly Salary

**West Lafayette, IN**

City, State Moving From

New Position Title

Agency Employed By

**Rapid City**

New Post of Duty (City)

**August 2018**

Expected Month/Year of Move

**00800**

Bureau of Human Resources Class Code

**08/22/18**

Employment Date with the State

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Signature of Applicant

**05/30/2018**

Date

## Authorization

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**James Rankin**

Name of Authorized Agent

**President**

Position/ Title of Authorized Agent

**for Dr. Rankin**

Signature of Authorized Agent

**05/17/18**

Date

**South Dakota School of Mines & Technology**

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

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### Application

Sarah Keenan

Name of Applicant

Assistant Professor - GGE Dept.

New Position Title

South Dakota School of Mines & Technology

Agency Employed By

\$75,000

Yearly Salary

Knoxville, TN

City, State Moving From

Rapid City

New Post of Duty (City)

August 2018

Expected Month/Year of Move

00800

Bureau of Human Resources Class Code

08/22/18

Employment Date with the State

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Sarah Keenan

Signature of Applicant

21 May 2018

Date

### Authorization

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James Rankin

Name of Authorized Agent

President

Position/ Title of Authorized Agent

for Dr. Rankin

Signature of Authorized Agent

05/16/18

Date

South Dakota School of Mines & Technology

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

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## Application

Jeffrey B. Langemeier

Name of Applicant

\$75,000

Yearly Salary

Manhattan, MT

City, State Moving From

00344

Bureau of Human Resources Class Code

Director of Institutional Research

New Position Title

Rapid City

New Post of Duty (City)

August 8, 2018

Employment Date with the State

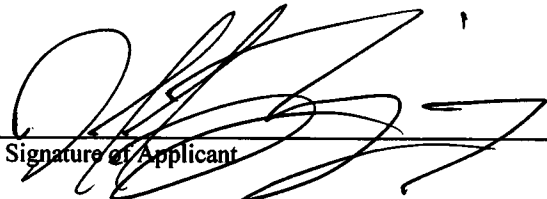
SD School of Mines & Technology

Agency Employed By

August 2018

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

  
Signature of Applicant

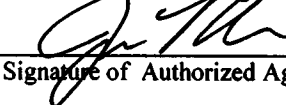
16 July 18  
Date

## Authorization

☒ The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

James M. Rankin

Name of Authorized Agent

  
Signature of Authorized Agent

7-12-18  
Date

President

Position/ Title of Authorized Agent

SD School of Mines & Technology

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

## Household Moving Allowance State of South Dakota

When Application and Authorization sections  
are completed, please submit the original to:

State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501

Phone: 605-773-3537

Please check one:

☐

State Transfer (SDCL 3-9-9)

Full-time continuous employment for 6 months.

☒

Professional Recruitment (SDCL 3-9-12)

Attach a written copy of the offer of employment and of payment of  
moving expenses.

**PLEASE NOTE:** The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

### Application

**David Martinez Caicedo**

Name of Applicant

**\$75,000**

Yearly Salary

**Chicago, IL**

City, State Moving From

**00800**

Bureau of Human Resources Class Code

Assistant Professor - Physics Dept.

New Position Title

**Rapid City**

New Post of Duty (City)

**08/13/18**

Employment Date with the State

South Dakota School of Mines & Technology

Agency Employed By

**August 2018**

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Signature of Applicant

Date

**May - 22 - 2018**

### Authorization

☒ The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

**James Rankin**

Name of Authorized Agent

**Dr. Rankin**

Signature of Authorized Agent

**05/14/18**

Date

**President**

Position/ Title of Authorized Agent

**South Dakota School of Mines & Technology**

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

A 00078783

## Household Moving Allowance State of South Dakota

**RECEIVED**  
HUMAN RESOURCES

JUL 09 2018

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- ☐ State Transfer (SDCL 3-9-9) SOUTH DAKOTA SCHOOL OF MINES & TECHNOLOGY  
Full-time continuous employment for 6 months.
- ☒ Professional Recruitment (SDCL 3-9-12)  
Attach a written copy of the offer of employment and of payment of moving expenses.

**PLEASE NOTE:** The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

### Application

**Bryce W. Nussbaum**

Name of Applicant

**\$37,500**

**Madison, SD**

Yearly Salary

City, State Moving From

**00346**

Bureau of Human Resources Class Code

Asst Director of Residence Life & Community Standards

South Dakota School of Mines & Technology

New Position Title

Agency Employed By

**Rapid City**

**July, 2018**

New Post of Duty (City)

Expected Month/Year of Move

**July 9, 2018**

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

  
Signature of Applicant

**07/09/2018**  
Date

### Authorization

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**James M. Rankin**

Name of Authorized Agent

 **7-2-18**  
Signature of Authorized Agent Date

**President**

Position/ Title of Authorized Agent

**South Dakota School of Mines & Technology**

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance



# Household Moving Allowance State of South Dakota

When Application and Authorization sections  
are completed, please submit the original to:

State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- ☐ State Transfer (SDCL 3-9-9)  
Full-time continuous employment for 6 months.
- ☒ Professional Recruitment (SDCL 3-9-12)  
Attach a written copy of the offer of employment and of payment of  
moving expenses.

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## Application

Sara Racz

Name of Applicant

\$50,000

Yearly Salary

Lincoln, NE

City, State Moving From

00905

Bureau of Human Resources Class Code

Lecturer - CABS Dept.

New Position Title

Rapid City

New Post of Duty (City)

8/22/18

Employment Date with the State

South Dakota School of Mines & Technology

Agency Employed By

August 2018

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Signature of Applicant

Date

## Authorization

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James Rankin

Name of Authorized Agent

4/25/18

Signature of Authorized Agent Date

President

Position/ Title of Authorized Agent

South Dakota School of Mines & Technology

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

# Household Moving Allowance State of South Dakota

When Application and Authorization sections  
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State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501 Phone: 605-773-3537

Please check one:

☐

State Transfer (SDCL 3-9-9)

Full-time continuous employment for 6 months.

☒

Professional Recruitment (SDCL 3-9-12)

Attach a written copy of the offer of employment and of payment of  
moving expenses.

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## Application

**Shankarachary Ragi**

Name of Applicant

**\$78,000**

Yearly Salary

**Mesa, AZ**

City, State Moving From

**00800**

Bureau of Human Resources Class Code

Assistant Professor - ECE Dept.

New Position Title

**Rapid City**

New Post of Duty (City)

**8/22/18**

Employment Date with the State

SD School of Mines & Technology

Agency Employed By

**August 2018**

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Signature of Applicant

04/12/18

Date

## Authorization

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**James Rankin**

Name of Authorized Agent

Signature of Authorized Agent

**4/10/18**

Date

**President**

Position/ Title of Authorized Agent

**South Dakota School of Mines & Technology**

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

ADD 30585

## Household Moving Allowance State of South Dakota

When Application and Authorization sections  
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State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501

Phone: 605-773-3537

Please check one:

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### Application

Kathryn A. Wahls

Name of Applicant

\$37,500

Yearly Salary

Westfield, MA

City, State Moving From

00346

Bureau of Human Resources Class Code

Assistant Director of Residence Life and Community Standards

New Position Title

Rapid City

New Post of Duty (City)

August 1, 2018

Employment Date with the State

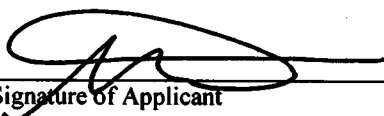
SD School of Mines & Technology

Agency Employed By

August, 2018

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

  
Signature of Applicant

07/31/2018  
Date

### Authorization

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James M. Rankin

Name of Authorized Agent

  
Signature of Authorized Agent

07/25/2018  
Date

President

Position/ Title of Authorized Agent

SD School of Mines & Technology

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

# Household Moving Allowance State of South Dakota

When Application and Authorization sections  
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State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- ☐ State Transfer (SDCL 3-9-9)  
Full-time continuous employment for 6 months.
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moving expenses.

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## Application

Congzhou Wang

Name of Applicant

\$72,000

Yearly Salary

St. Louis, MO

City, State Moving From

00800

Bureau of Human Resources Class Code

Assistant Professor - NANO Program

New Position Title

Rapid City

New Post of Duty (City)

08/22/2018

Employment Date with the State

South Dakota School of Mines & Technology

Agency Employed By

August 2018

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Congzhou Wang

Signature of Applicant

05/01/2018

Date

## Authorization

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James Rankin

Name of Authorized Agent

04/30/18

Signature of Authorized Agent Date

President

Position/ Title of Authorized Agent

South Dakota School of Mines & Technology

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

# Household Moving Allowance State of South Dakota

When Application and Authorization sections  
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State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- ☐ State Transfer (SDCL 3-9-9)  
Full-time continuous employment for 6 months.
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moving expenses.

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## Application

Kevin Ward

Name of Applicant

\$75,000

Yearly Salary

00800

Bureau of Human Resources Class Code

Park City, UT

City, State Moving From

Assistant Professor - GGE Dept.

New Position Title

Rapid City

New Post of Duty (City)

08/22/18

Employment Date with the State

South Dakota School of Mines & Technology

Agency Employed By

August 2018

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Signature of Applicant

Date

05/17/2018

## Authorization

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James Rankin

Name of Authorized Agent

Signature of Authorized Agent

05/16/18

Date

President

Position/ Title of Authorized Agent

South Dakota School of Mines & Technology

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

6/18 E. MW  
6- Sentin

## Household Moving Allowance State of South Dakota

When Application and Authorization sections  
are completed, please submit the original to:

State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- ☐ State Transfer (SDCL 3-9-9)  
Full-time continuous employment for 6 months.
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Attach a written copy of the offer of employment and of payment of  
moving expenses.

**PLEASE NOTE:** The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

### Application

**Matthew Whitehead**

Name of Applicant

Director, APEX Gallery/Lecturer - HUM Dept.

South Dakota School of Mines & Technology

**\$56,500**

**Gainesville, FL**

New Position Title

Agency Employed By

Yearly Salary

City, State Moving From

**Rapid City**

**August 2018**

**00905**

New Post of Duty (City)

Expected Month/Year of Move

**08/22/18**

Bureau of Human Resources Class Code

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Signature of Applicant

Date

### Authorization

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**James Rankin**

**President**

Name of Authorized Agent

Position/ Title of Authorized Agent

Signature of Authorized Agent

**06/08/18**

Date

**South Dakota School of Mines & Technology**

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

# Household Moving Allowance State of South Dakota

When Application and Authorization sections  
are completed, please submit the original to:

State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501

Phone: 605-773-3537

Please check one:

☐

State Transfer (SDCL 3-9-9)

Full-time continuous employment for 6 months.

☒

Professional Recruitment (SDCL 3-9-12)

Attach a written copy of the offer of employment and of payment of moving expenses.

## Application

**Bradley Davidson**

Name of Applicant

**82,000.00**

Yearly Salary

**Grand Forks ND**

City, State Moving From

*00511*

Bureau of Human Resources Class Code

**Assistant Men's Basketball Coach**

New Position Title

**Vermillion**

New Post of Duty (City)

**April 24, 2018**

Employment Date with the State

**USD**

Agency Employed By

**June 2018**

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

*Bradley Davidson*

Signature of Applicant

**7/30/18**

Date

## Authorization

☐

The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

**Adam Rosheim**

Name of Authorized Agent

*Adam Rosheim*

Signature of Authorized Agent

**8-1-18**

Date

**Assistant Vice President, Finance & Admin**

Position/ Title of Authorized Agent

**University of South Dakota**

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

# Household Moving Allowance State of South Dakota

When Application and Authorization sections  
are completed, please submit the original to:

State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501

Phone: 605-773-3537

Please check one:

- ☐ State Transfer (SDCL 3-9-9)  
Full-time continuous employment for 6 months.  
☒ Professional Recruitment (SDCL 3-9-12)  
Attach a written copy of the offer of employment and of payment of  
moving expenses.

## Application

**Corey A. Jenkins**

Name of Applicant

**\$80,000.00**

Yearly Salary

**Winston-Salem, NC**

City, State Moving From

**CD345**

Bureau of Human Resources Class Code

Sr. Assoc. AD Facility & Operations

New Position Title

**Vermillion**

New Post of Duty (City)

**July 23, 2018**

Employment Date with the State

**USD**

Agency Employed By

**July 2018**

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

**Corey Jenkins**

Signature of Applicant

**7/13/18**

Date

## Authorization

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**Adam Rosheim**

Name of Authorized Agent

**7-25-18**

Signature of Authorized Agent

Date

**Assistant Vice President, Finance & Admin**

Position/ Title of Authorized Agent

**University of South Dakota**

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance



# Household Moving Allowance State of South Dakota

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501 Phone: 605-773-3537

Please check one:

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- ☒ Professional Recruitment (SDCL 3-9-12)  
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## Application

Semehar Ghebrekidan, A00155359

Name of Applicant

Int'l Student Advisor

New Position Title

International Office

Agency Employed By

40,800.00

Yearly Salary

Brookings, SD

City, State Moving From

Vermillion, SD

New Post of Duty (City)

July, 2018

Expected Month/Year of Move

28 NFE FLSA Exempt

Bureau of Human Resources Class Code

July 9, 2018

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.



Signature of Applicant

July 17, 2018

Date

## Authorization

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Adam Rosheim

Name of Authorized Agent

Assistant Vice President, Finance & Admin

Position/ Title of Authorized Agent

AR 7-25-18

Signature of Authorized Agent Date

University of South Dakota

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

## Household Moving Allowance State of South Dakota

When Application and Authorization sections  
are completed, please submit the original to:

State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501 Phone: 605-773-3537

Please check one:

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### Application

Daniel Jaster

Name of Applicant

Lecturer

New Position Title

University of South Dakota

Agency Employed By

46,100

Austin, TX

Vermillion, SD

June/July 2018

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

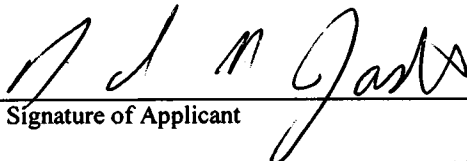
01011

August 22, 2018

Bureau of Human Resources Class Code

Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.



Signature of Applicant

12 July 2018

Date

### Authorization

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Adam Rosheim

Name of Authorized Agent

Assistant Vice President, Finance & Admin

Position/ Title of Authorized Agent



7-25-18

Signature of Authorized Agent

Date

University of South Dakota

Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

# Household Moving Allowance State of South Dakota

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500 E Capitol Ave  
Pierre SD 57501 Phone: 605-773-3537

Please check one:

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☒ Professional Recruitment (SDCL 3-9-12)  
Attach a written copy of the offer of employment and of payment of moving expenses.

**PLEASE NOTE:** The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

## Application

MARIUS CONCEATU

Name of Applicant

INSTRUCTOR OF FRENCH

New Position Title

Agency Employed By

42,550 43,550 GREENCASTLE, IN

Yearly Salary

City, State Moving From

VERTILLION

New Post of Duty (City)

8/2018

Expected Month/Year of Move

8/22/2018

Employment Date with the State

Bureau of Human Resources Class Code

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

Signature of Applicant

Date

6/14/2018

## Authorization

☒ The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Adam Rosheim  
Name of Authorized Agent

Assistant Vice President, Finance & Admin  
Position/ Title of Authorized Agent

00900 6/14/18  
Signature of Authorized Agent Date

University of South Dakota  
Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

## Household Moving Allowance State of South Dakota

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- ☐ State Transfer (SDCL 3-9-9)  
Full-time continuous employment for 6 months.
- ☒ Professional Recruitment (SDCL 3-9-12)  
Attach a written copy of the offer of employment and of payment of moving expenses.

**PLEASE NOTE:** The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

### Application

<u>Nathan Bates</u> Name of Applicant	<u>Lecturer MK</u> New Position Title	<u>University of South Dakota</u> Agency Employed By
<u>43,550</u> Yearly Salary	<u>Vermillion, SD</u> New Post of Duty (City)	<u>July 2018</u> Expected Month/Year of Move
<u>01011</u> Bureau of Human Resources Class Code	<u>8/22/18</u> Employment Date with the State	

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

Nathan Bates  
Signature of Applicant

6/18/18  
Date

### Authorization

☒ The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Adam Rosheim  
Name of Authorized Agent

Assistant Vice President, Finance & Admin  
Position/ Title of Authorized Agent

7-25-18  
Signature of Authorized Agent Date

University of South Dakota  
Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

# Household Moving Allowance

## State of South Dakota

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- ☐ State Transfer (SDCL 3-9-9)  
Full-time continuous employment for 6 months.
- ☒ Professional Recruitment (SDCL 3-9-12)  
Attach a written copy of the offer of employment and of payment of moving expenses.

**PLEASE NOTE:** The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

### Application

Anthony Krus  
Name of Applicant

\$54,000  
Yearly Salary

Muncie, IN  
City, State Moving From

01082  
Bureau of Human Resources Class Code

University of  
Visiting Assistant Professor, South Dakota  
New Position Title

Vermillion  
New Post of Duty (City)

July 2018  
Expected Month/Year of Move

8/22/2018  
Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

[Signature]  
Signature of Applicant

7/23/2018  
Date

### Authorization

☒ The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Adam Rosheim  
Name of Authorized Agent

[Signature]  
Signature of Authorized Agent

7-25-18  
Date

Assistant Vice President, Finance & Admin  
Position/ Title of Authorized Agent

University of South Dakota  
Agency of Authorized Agent

### Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance

## Household Moving Allowance State of South Dakota

When Application and Authorization sections  
are completed, please submit the original to:

State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- ☐ State Transfer (SDCL 3-9-9)  
Full-time continuous employment for 6 months.
- ☒ Professional Recruitment (SDCL 3-9-12) Attach a  
written copy of the offer of employment and of payment of moving  
expenses.

**PLEASE NOTE:** The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

### Application

<u>Edward Bagu</u> Name of Applicant	<u>Asst Professor</u> New Position Title	<u>USD</u> Agency Employed By
<u>90,000</u> Yearly Salary	<u>Saskatchewan, Canada</u> City, State Moving From	<u>Vermillion</u> New Post of Duty (City)
<u>SD05 00903</u> Bureau of Human Resources Class Code	<u>July 1, 2018</u> Employment Date with the State	<u>July 2018</u> Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

[Signature]  
Signature of Applicant

17/07/2018  
Date

### Authorization

☒ The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Sheila Gestring  
Name of Authorized Agent

[Signature] 7-25-18  
Signature of Authorized Agent Date

Vice President, Finance  
Position/ Title of Authorized Agent

The University of South Dakota  
Agency of Authorized Agent

### Approval by State Board of Finance

\_\_\_\_\_  
Signature of Secretary, State Board of Finance

Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.

## Household Moving Allowance State of South Dakota

When Application and Authorization sections  
are completed, please submit the original to:

State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501 Phone: 605-773-3537

Please check one:

- ☐ State Transfer (SDCL 3-9-9)  
Full-time continuous employment for 6 months.
- ☒ Professional Recruitment (SDCL 3-9-12) Attach a  
written copy of the offer of employment and of payment of moving  
expenses.

### Application

Luke DallaRiva

Name of Applicant

Assistant Coach - Men's Basketball

New Position Title

USD

Agency Employed By

\$67,500.00

Yearly Salary

Chandler, AZ

City, State Moving From

Vermillion

New Post of Duty (City)

June 2018

Expected Month/Year of Move

00511  
Bureau of Human Resources Class Code

July 2, 2018  
Employment Date with the State

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

Luke DallaRiva  
Signature of Applicant

6/28/18  
Date

### Authorization

☒ The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Sheila Gestring

Name of Authorized Agent

Vice President, Finance

Position/ Title of Authorized Agent

[Signature]  
Signature of Authorized Agent

7-25-18  
Date

The University of South Dakota  
Agency of Authorized Agent

### Approval by State Board of Finance

\_\_\_\_\_  
Signature of Secretary, State Board of Finance

Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor's Office.

# Household Moving Allowance State of South Dakota

When Application and Authorization sections  
are completed, please submit the original to:

State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501

Phone: 605-773-3537

Please check one:



State Transfer (SDCL 3-9-9)

Full-time continuous employment for 6 months.



Professional Recruitment (SDCL 3-9-12)

Attach a written copy of the offer of employment and of payment of moving expenses.

## Application

Cody Burggraft

Name of Applicant

47,000

Yearly Salary

Topeka, KS

City, State Moving From

00346

Bureau of Human Resources Class Code

Assistant Director of University Housing

New Position Title

Vermillion

New Post of Duty (City)

July 11, 2018

Employment Date with the State

University of South Dakota

Agency Employed By

July 2018

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

Signature of Applicant

Date

7/13/2018

## Authorization

☒ The undersigned agent hereby certifies that the above individual is employed in a full-time position with the above agency, that the agency ordered the applicant to move as indicated, and that the move will be for the benefit of the State of South Dakota. The Agent further declares that, to the best of the Agent's knowledge and belief, the request and authorization for reimbursement of actual household moving expenses are true and correct.

Sheila Gestring

Name of Authorized Agent

SG

Signature of Authorized Agent

Date

7-25-18

Vice President, Finance

Position/ Title of Authorized Agent

The University of South Dakota

Agency of Authorized Agent

## Approval by State Board of Finance

Approved by the State  
Board of Finance on

Date

Signature of Secretary, State Board of Finance



**State Hosting Reimbursement Request – SDCL 3-9-2.1**

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance  
Office of Secretary of State  
Capitol Building - 500 E Capitol Ave  
Pierre, SD 57501 Phone: 605-773-3537

**RECEIVED**  
**JUL 16 2018**  
**S.D. SEC. OF STATE**

**Application**

Date: 7/5/18 Agency: GOED  
Agency Address: 711 E Wells Avenue  
Agency Phone Number: 773-4633  
Employee Requesting Reimbursement: Aaron Scheibe  
Total Amount of Reimbursement: \$271.89  
Date(s) of Hosting Expense: 6/20/18 Receipts Attached: ☒ Y ☐ N  
Explanation of official business performed: Hosted international business interest in  
two projects in eastern South Dakota prior to their meeting with the  
Governor the next day.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while hosting a prospect for business development, trade, or a tourism promotional activity. I certify that the expenses were incurred through necessary duties of my employment with the State of South Dakota and in the furtherance of state's interests, concerns, and activities and are supported by the attached receipts. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Aaron P. Scheibe  
Signature of Employee

7/5/18  
Date

**Authorization**

I hereby certify that the above employee was authorized to incur the claimed expenses while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's claims were in the furtherance of state interests relating to hosting a prospect for business development, trade, or a tourism promotional activity.

Scott Stern  
Name of Department/Office Head

Commissioner  
Position/Title of Agency Official

Scott Stern  
Signature of Department/Office Head

7/9/18  
Date

**State Board of Finance Approval**

Approval Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Secretary, State Board of Finance

**Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.**

MAD MARYS STEAKHOUSE  
110 E DAKOTA AVE  
PIERRE, SD. 57501  
605-224-6469

**SALE**

REF#: 00000002

# 015

1/18

19:5

CODE: 03676A

CRYPTED BY ELAVON

2

\*\*\*\*\*4217

AMOUNT \$235.88

TIP \$ 36.00

TOTAL \$ 271.88

**APPROVED**

CAPITAL ONE VISA  
AID: A0000000031010  
TVR: 00 80 00 80 00  
TS: FR 00

**MAD MARY'S**  
**110 E DAKOTA**  
**PIERRE, SD 57501**

WED JUNE 20, 2018  
**CHECK #316046-1**  
TABLE #21  
CUSTOMER # 1

1 9OZ TOP SIRLOIN	\$18.00
1 / OZ FILET MIGNON	\$20.00
1 Sautd Mushrooms	\$2.00
2 11 OZ FILET MIGNON	\$48.00
1 14 OZ RIBEYE	\$27.00
1 Sautd Mushrooms	\$2.00
1 NEW YORK STRIP	\$24.00
1 ADD 3 JUMBO	\$7.00
1 BIG SIRLOIN BURGER	\$9.00
1 LEMON PEPP WALLEYE	\$22.00
1 SIDE SALAD	\$3.50
1 ADD BACON	\$1.00
1 ADD CHEESE	\$0.50

	\$184.00
TAX	: \$18.76
SUB-TOTAL	: \$202.76
GRATUITY	: \$33.12
<b>TOTAL</b>	<b>\$235.88</b>

Time: 19:19 8 CUSTOMERS  
2 CHECKS

THANK YOU  
COME AGAIN

YOU HAVE BEEN SERVED  
BY : Morga

## Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:

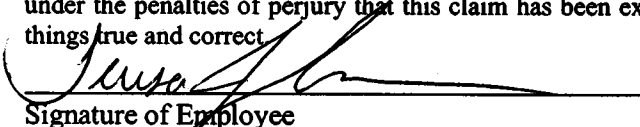
State Board of Finance - Office of Secretary of State  
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501  
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

### Application

Date: 7-12-18 Agency: Animal Industry Board  
Agency Address: 411 S Fort St, Pierre  
Agency Phone Number: (605) 773-3321  
Employee Requesting Reimbursement: Animal Industry Board - Dustin Oedekoven  
Total Amount of Reimbursement: 132.00  
Date(s) of Expense: 7-10-18  
Event Leave Time: \_\_\_\_\_ Event Return Time: \_\_\_\_\_  
Explanation of official business performed: Annual Board Meeting - Working Lunch  
Lunch for 12 people - 7 which are from Pierre  
Roster is attached - those working lunch are highlighted in yellow

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

  
Signature of Employee

7-12-18

Date

### Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Dustin Oedekoven, DVM

Name of Department/Office Head

State Veterinarian

Position/Title of Agency Official

7-12-18

  
Signature of Department/Office Head

Date

### State Board of Finance Approval

Approval Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

Richie Z's Brickhouse BBQ & Grill

401 S CENTRAL AVE

# Invoice

Date	Invoice #
7/10/2018	114

Bill To
Animal Industry Board

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
12	Pulled Pork, Buns, Coleslaw, Potatoes Chips, and Potato Salad, BBQ Sauce	<del>12.00</del>	<del>144.00</del>
	Sales Tax	11.00 0.00%	132.00 0.00
		<b>RECEIVED</b> JUL 10 2018 SD ANIMAL INDUSTRY BOARD	
		<b>Total</b>	132.00 <del>\$144.00</del> <del>97.76</del>

# ATTENDANCE ROSTER

DATE 07-10-18

PAGE 1

PURPOSE OF MEETING ANIMAL INDUSTRY ANNUAL BOARD MEETING AND HEARING

PLEASE PRINT  
FIRST AND LAST NAME

ADDRESS

REPRESENTING

[REDACTED]	Pierre	AIB
[REDACTED]	Huxar	AIB
[REDACTED]	Aven	AIB
[REDACTED]	Huxley	AIB
[REDACTED]	Baltic	AIB
[REDACTED]	Pierre	AIB
[REDACTED]	Pierre	AIB
[REDACTED]	FT Pierre	AIB
[REDACTED]	Pierre	AIB
[REDACTED]	"	"
Shirley S. Ward	Pierre	HE
Kenny Jay	Pelvidore	SDSGA
[REDACTED]	Aberdeen	SDAIB
Bart & Anders	Rapid City	Belle Fourche Livestock
Skylar Anders	Rapid City	" "
[REDACTED]	Pierre	AIB

**Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2**

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance  
Office of Secretary of State  
Capitol Building - 500 E Capitol Ave  
Pierre, SD 57501 Phone: 605-773-3537

**RECEIVED**  
JUL 24 2018  
S.D. SEC. OF STATE

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**Application**

Date: July 30, 2018 Agency: Department of Education  
Agency Address: 800 Governors Drive, Pierre, SD 57501  
Agency Phone Number: 773-3134  
Employee Requesting Reimbursement: See Attached  
Total Amount of Reimbursement: \$11 per person attending would be paid to vendor providing lunch.  
Date(s) of Expense: July 30, 2018  
Event Leave Time: Meeting Begins 10:00 AM Event Return Time: Meeting Ends 3:00 PM

Explanation of official business performed: Every year the Region Teachers of the Year, the Teacher of the Year Selection Committee and Department of Education staff, who facilitate the program, gather in Pierre to film promotional videos, conduct interviews and make the final selection of the South Dakota 2018 Teacher of the Year. This is not an overnight event and we do work through lunch at which time the exiting Teacher of the Year presents an overview of their year and offers guidance to the incoming candidates.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

*Sherry Decker*  
Signature of Employee

7-23-18  
Date

---

**Authorization**

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Mary Stadick Smith  
Name of Department/Office Head  
*Mary Stadick Smith*  
Signature of Department/Office Head

Interim /Secretary of Education  
Position/Title of Agency Official  
7/20/18  
Date

---

**State Board of Finance Approval**

Approval Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Secretary, State Board of Finance

**Note: When completed, attach the original form to voucher to be sent to the State Auditor's Office.**

2019 SD TOY Selection Day		Mackay B	Date: 07/30/18	
Name	Non-DOE Employee		DOE Employee at Home Station	DOE Employee not at Home Station
Mary Stadick-Smith			x	
Becky Nelson			x	
Kelly Royer			x	
Sherry Dickerson			x	
Ruth Raveling			x	





RECEIVED

JUL 25 2018

**Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2**

S.D. SEC. OF STATE

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance - Office of Secretary of State  
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501  
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than the 15th of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

**Application**

Date: 07-03-2018 Agency: SD GFP  
Agency Address: 523 E. Capitol Ave Pierre, SD 57501  
Agency Phone Number: 605-773-3387  
Employee Requesting Reimbursement: Daniel Dirks  
Total Amount of Reimbursement: \$ 1,231.52  
Date(s) of Expense: 06-01-2018 through 06-30-2018  
Event Leave Time: 5:59 AM Event Return Time: 6:00 PM  
Explanation of official business performed: Attend required law enforcement training

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

[Signature]  
Signature of Employee

07-03-2018  
Date

**Authorization**

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee's participation in the event was in the furtherance of state interests.

Kelly R. Hoyer  
Name of Department/Office Head  
[Signature]  
Signature of Department/Office Head

Department Secretary  
Position/Title of Agency Official  
7/6/18  
Date

**State Board of Finance Approval**

Approval Date: \_\_\_\_\_

Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor's Office.

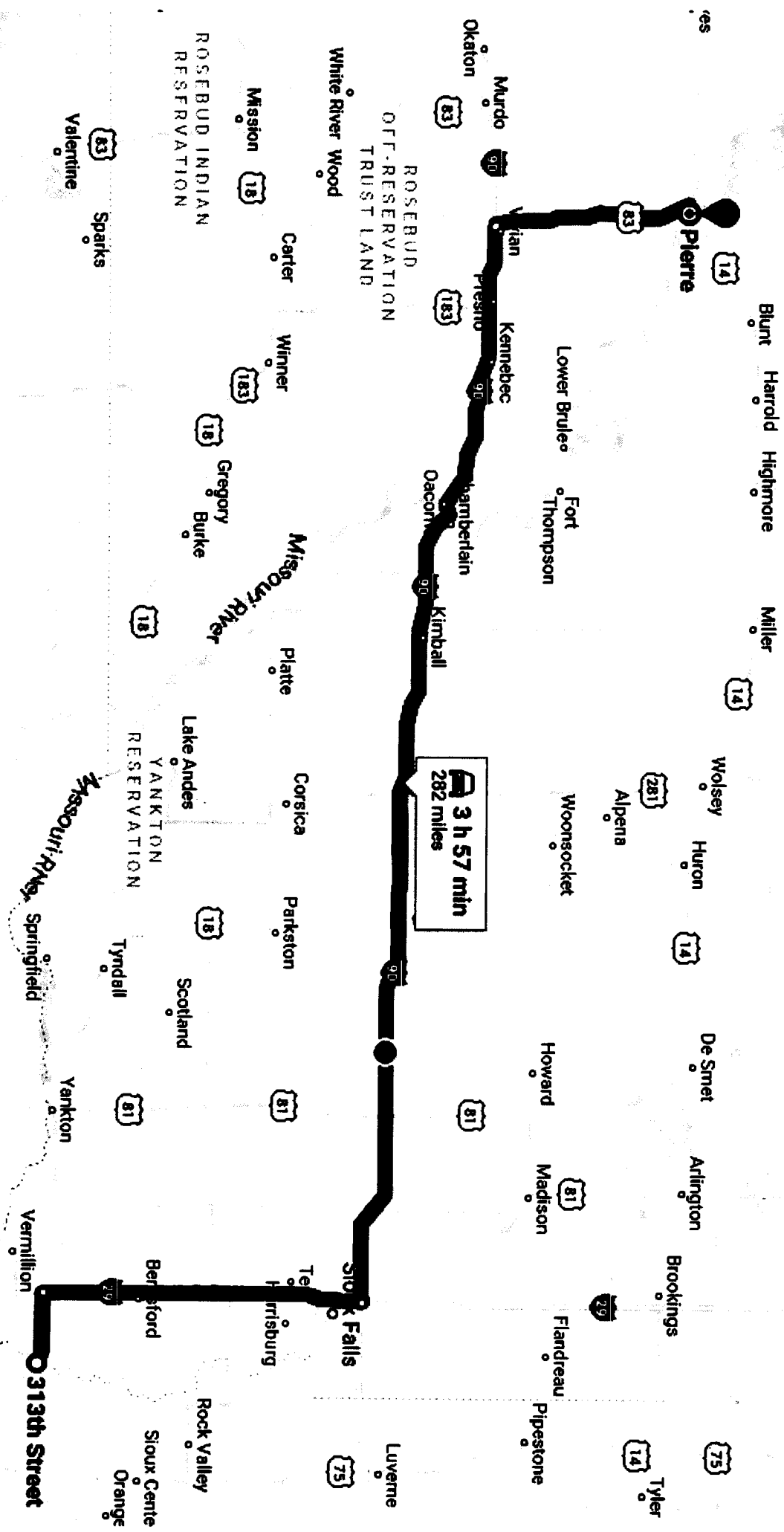
[illegible]

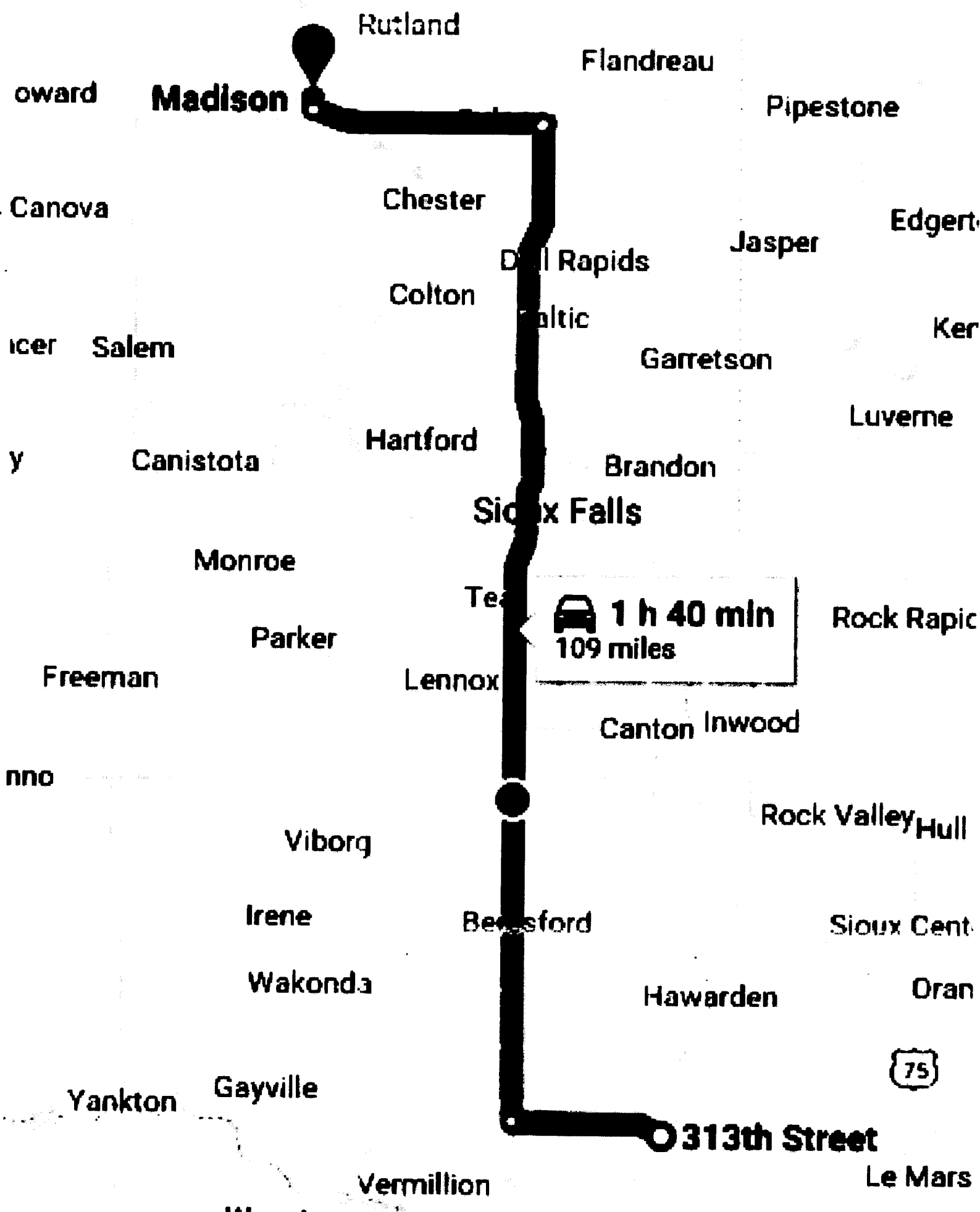
Claimant

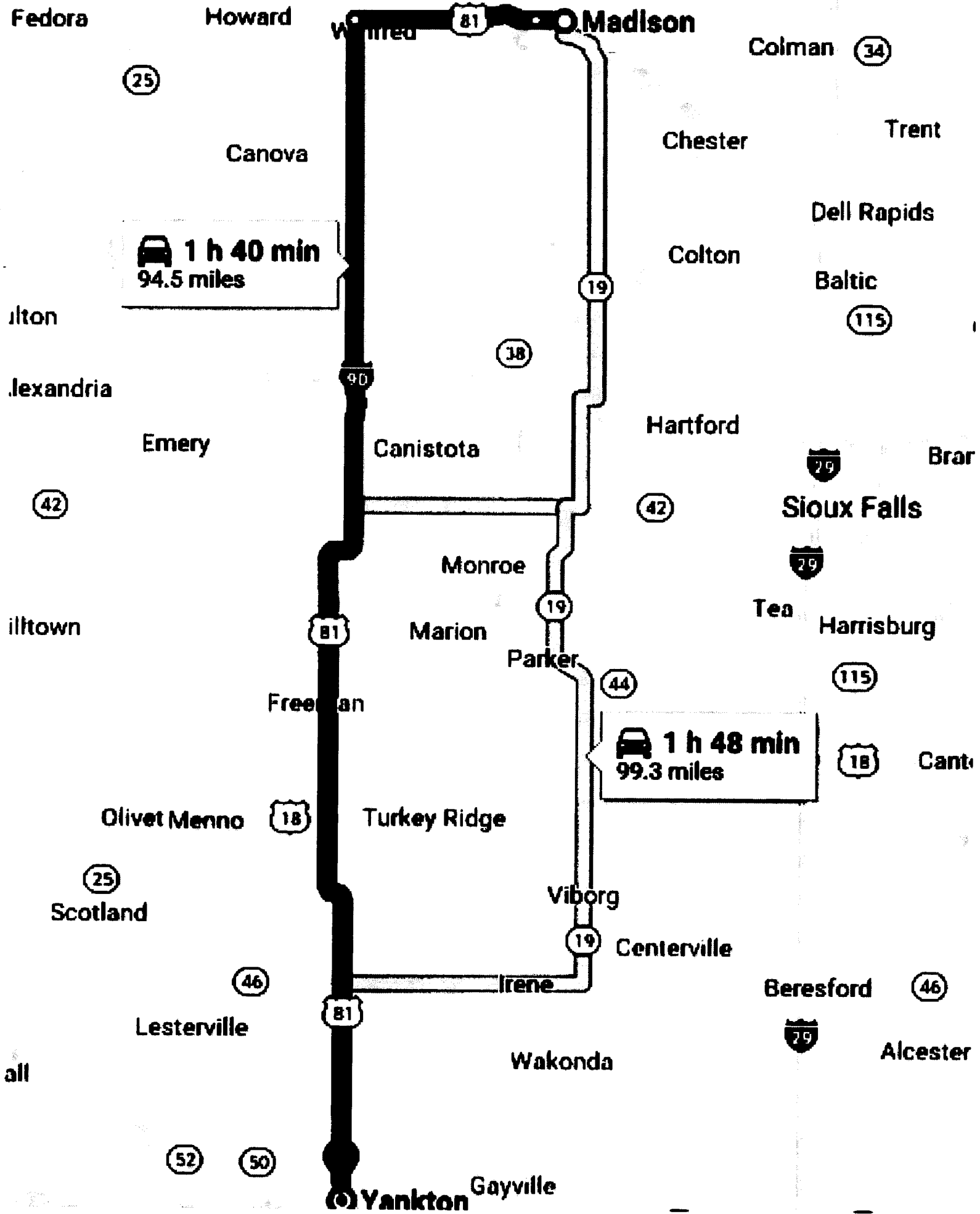
07-03-2018  
Date

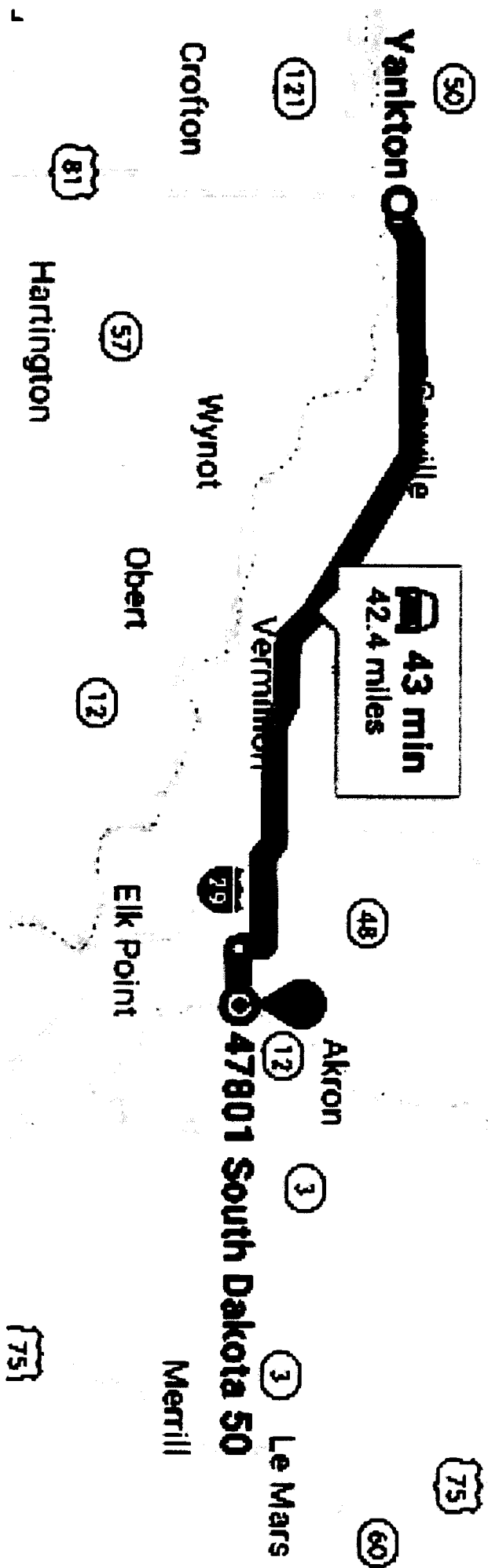
Authorization 


7/4/18 Date



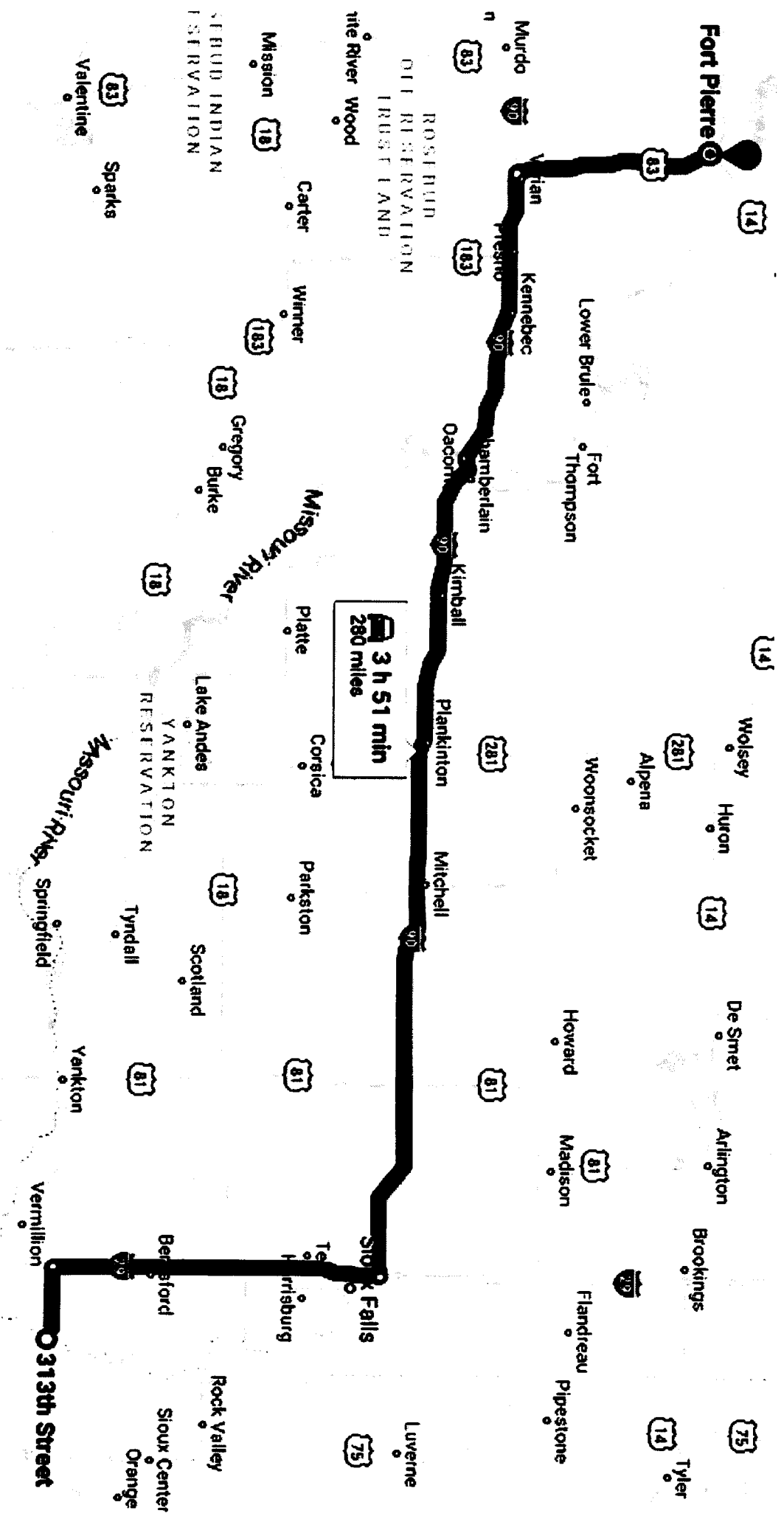


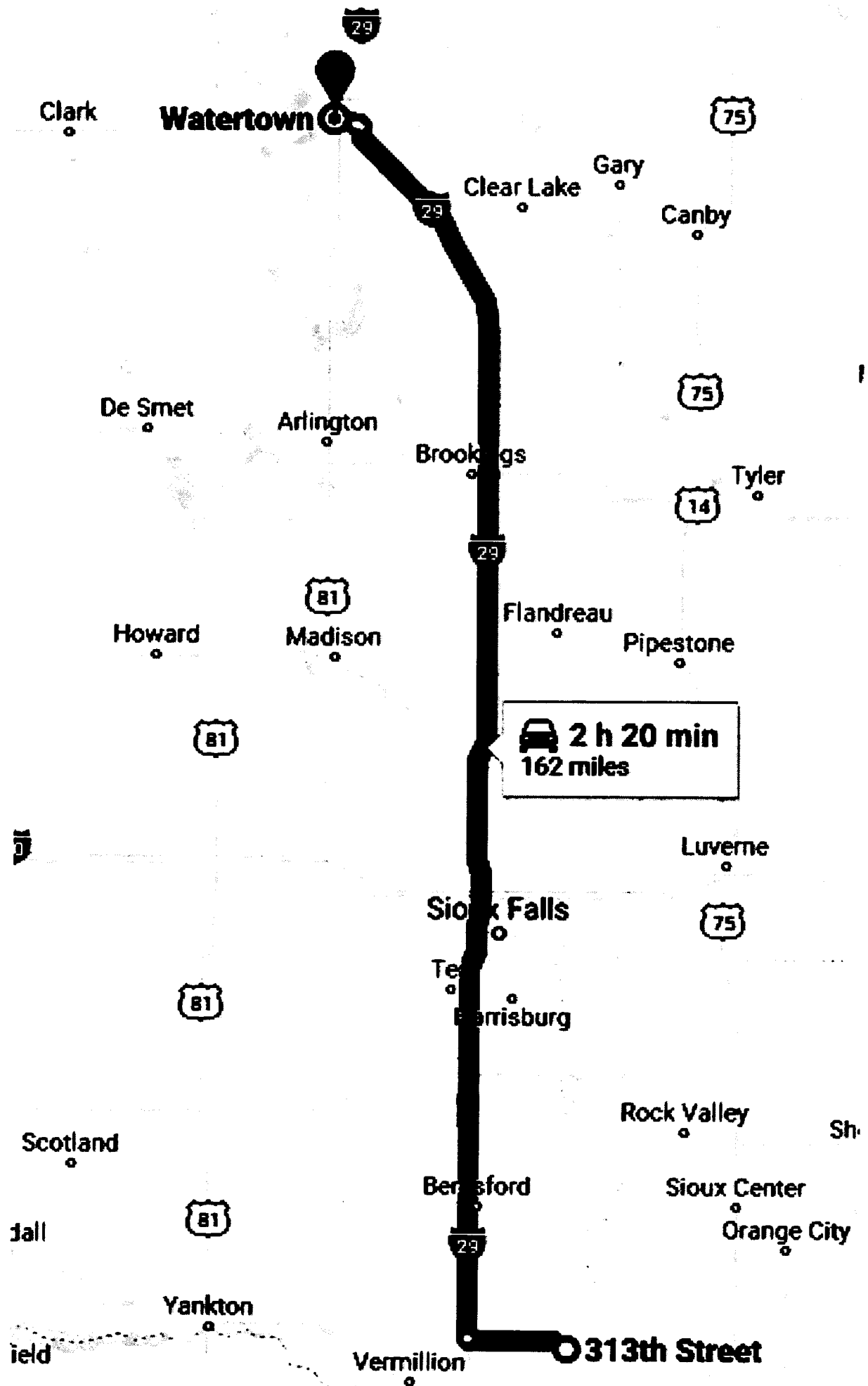




 **43 min**  
42.4 miles

**47801 South Dakota 50**







281

LAKE TRAVERSE  
RESERVATION

Aberdeen

Caton

12

Webster

Waubay

12

Wells

Mellette

281

1 h 44 min  
101 miles

1 h 41 min  
95.4 miles

1 h 46 min  
101 miles

Redfield

Frankfort

Doland

212

Clark

Henry

Watertown

29

Jobbridge

# SOUTH DAKOTA

OUTER  
RESERVATION  
LAND

INDIAN  
ATION

ntino

Aberdeen

LAKE TRAVEL  
RESERVATION

Huron

Chamberlain

Mitchell

3 h 46 min  
262 miles

Water town

Brookings

Marshall

Willmar

Sioux Falls

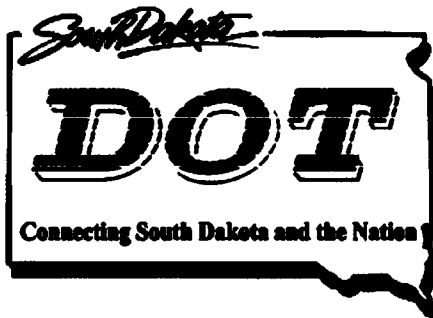
YANKTON  
RESERVATION

Yankton

Vermillion  
313th Street

Sioux City

For



## Department of Transportation

### Office of the Secretary

700 E Broadway Avenue  
Pierre, South Dakota 57501-2586  
PHONE: 605/773-3265  
FAX: 605/773-3921

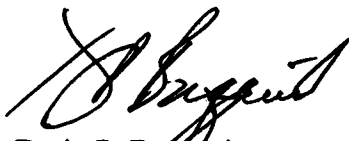
July 30, 2018

Board of Finance  
Secretary of State of South Dakota  
500 East Capitol Ave Ste 204  
Pierre, SD 57501

Please accept this letter as the Department's request for approval of excess lodging for Josh Bench-Bresher. Mr. Bench-Bresher attended a conference in San Diego, CA the week of July 12<sup>th</sup>. He called out to get room rates and verbally was informed the rate was \$1196.87 for the stay, which was July 12<sup>th</sup> – 17<sup>th</sup>. He calculated the amounts out and it was within the rates that I could approve. However, upon arrival he discovered that there were two different room rates as there were two conferences he was attending. The rate for the first three nights was \$315.84 + taxes, coming to a total of \$384.12 per night. This is over and above what I can approve.

Please consider this request to reimburse Mr. Bench-Bresher for excess lodging of \$120 plus taxes and fees. If you have any questions concerning this request do not hesitate to contact me.

Sincerely,



Darin P. Bergquist  
Secretary Department of Transportation

<b>SOUTH DAKOTA TRAVEL REQUEST</b>				Bureau or Department Department of Transportation		Program/Office Administration	
<b>BOA FLEET &amp; TRAVEL MANAGEMENT</b> <b>SFN 01239-0002</b>				Division Planning & Engineering		Check One: In-State Out-of-State <input checked="" type="checkbox"/> X	
				Style (Vehicle type)		Est. Miles (Personal Vehicle)	
MSA Center Code <b>111211</b>		Method of Travel - Check :    Fleet <input type="checkbox"/> POV-1 <input type="checkbox"/> POV2 <input type="checkbox"/> C-Air <input type="checkbox"/> <input checked="" type="checkbox"/> Ch-Air <input type="checkbox"/> S-Air <input type="checkbox"/>		Office Phone  <b>773-4028</b>		Home Phone  <b>280-8341</b>	
Driver's Name (Last, First, MI) <b>Bench-Bresher, Joshua, D</b>							
Purpose of Travel  Attend 12 <sup>th</sup> National Conference on Transportation Asset Management, peer exchange, and committee meetings on Performance-Based Management						Vehicle I.D./Licence Number	
Journey Number: <span style="float: right;"><b>JOURNEY INFORMATION</b></span>							
Origin  <b>Pierre</b>		Beginning Odometer Reading		Departure Date	Departure Time	Indicate AM / PM	
1.	San Diego, CA			7/12/2018	5:00	AM	
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
<b>RETURN TO ORIGIN</b> (Put form in pouch and turn in with bag & keys)			Final Odometer Reading  <b>Pierre</b>		Return Date  <b>7/17/2018</b>	Return Time  <b>11:30</b>	AM / PM  <b>PM</b>
Comments/Vehicle Problems/Repairs Needs Transportation estimated: 350 miles to and back from Rapid City @ 0.29/mile (state vehicle), \$611 for airfare, \$60 for parking at the airport in Rapid. Misc. Fees is the conference registration							
Rider		Coding		Office Phone		Home Phone	
<b>COST ESTIMATES FOR OUT-OF-STATE TRAVEL</b>							
Transportation <b>\$773</b>		Meals <b>\$238</b>		Lodging <i>Ees 417</i> <b>\$1197</b>		Misc. Fees <b>\$600</b>	
						Total <b>\$2808</b>	
General Funds		Federal Funds		Other Funds		Non-State Funds	
Traveler's Signature <i>Josh Bresher</i>		Date <b>4/11/2018</b>		Driver License Number <b>00641572</b>			
Approving Officer <i>[Signature]</i>		Date <b>4/12/18</b>		Approving Officer <i>[Signature]</i>		Date <b>4/16/18</b>	
Approving Officer		Date		Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/>		Date	
Approving Officer		Date		Comments:			

STATE OF SOUTH DAKOTA  
TRAVEL PAYMENT DETAILNAME BENCH-BRESHER, JOSHUA D  
ADDRESS 2013 ANTELOPE ST. PIERRE, SD 57501ORGANIZATION LGA-Administration  
BUDGET ENTITY 111211

Invoice ID	Date	Employee Number	Rtn Date	Adv	Exp	License No.	Home Station		
Z119RB010801	07/17/2018	128891			X	AU126	Pierre		
Dates Mo/Dav	Description of Travel, Destination, Misc. Expense DOT Coding	Time		Auto Miles	Trans. Cost	Overnight Meals	Non-Over Nite Meals	Lodging	Misc. Expense
		Leave	Return						
7/11/18	Present Culvert and Sign Training in Belle Fourche	09:30 AM	09:30 PM				26.00		
7/12/18	TSSR-CPBM Committee Meetings in San Diego	08:00 AM				35.00		384.11	
7/13/18	TSSR-CPBM Committee Meetings in San Diego					31.00		384.11	
7/14/18	Asset Management Conference in San Diego					45.00		384.11	
7/15/18	Asset Management Conference in San Diego					45.00		188.20	
7/16/18	Asset Management Conference in San Diego					31.00		188.20	
7/17/18	Asset Management Conference in San Diego		08:00 PM			45.00			
SUBTOTALS						232.00	26.00	1,528.73	

## PURPOSE OF TRAVEL:

Asset Management Conference in San Diego, CA  
 Registration for conferences and airplane tickets already paid for by DOT. Conference provided lunch on 7/13, lunch on 7/16, The Conference provided lunch on 7/12 but Josh's flight didn't arrive in San Diego until 12:34PM, after lunch. The agenda says they provided breakfast 7/13, 7/16, 7/17, but Josh said they weren't actual meals,

GRAND TOTAL	1,786.73
APPLY TO ADVANCE	0.00
AMOUNT REIMBURSABLE	1,786.73

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Josh Bresner  
 Claimant

7-25-2018  
 Date

M. S. B.  
 Authorization

7/27/18  
 Date

Authorization

Date

Authorization

Date

## 12th National Conference on Transportation Asset Management

### Hotel Reservations

---

The meeting is being held at the Westin San Diego. *Plus taxes & fees*  
Make your reservation for the TRB rate of \$167 (Federal per diem), plus tax. This rate is available until June 15, 2018. Rooms may be at a higher rate after this date and are subject to availability. The hotel may not be able to provide rooms at the group rate once the block of rooms is sold out.

~~Make your reservation for the TRB rate of \$167 (Federal per diem), plus tax. This rate is available until June 15, 2018. Rooms may be at a higher rate after this date and are subject to availability. The hotel may not be able to provide rooms at the group rate once the block of rooms is sold out.~~

Visit the Convention & Visitors Bureau site to search for nearby hotels.

#### The Westin San Diego

400 West Broadway  
San Diego, CA 92101  
619-239-4500

Reservations Toll Free: 1-888-627-9033

Group Code: TRB Asset Management

#### Online reservations

*Non-TRB rate rooms are \$339 + taxes & fees  
July 12 - 17 = \$1195.57 including taxes & fees*



### Hotel Parking

---

Valet parking for hotel guests is \$47 per night (with in/out privileges).

Daily parking is \$20 for the first two hours \$47 thereafter.

Please note: When navigating to the hotel the best address to use is 1051 Columbia Street, which will place you at the main lobby entrance.

#### More Information

#### Airport and Transportation

---

#### San Diego International Airport - SAN (approximately 3 miles/15 minutes)

The Westin San Diego provides shuttle service to/from the San Diego International Airport between 6am and 11pm, 7 days a week. Once you have collected your luggage, please contact the hotel at (619) 239-4500 and an operator will give you directions to the pick-up area and an estimated time of arrival as to when the driver will be there to pick you up. To take the shuttle to the airport, please make arrangements at the luggage desk 24 hours prior to your departure.

#### Getting around San Diego

### Local Area Information

---

#### Local Information

7-12 thru 15

## Bench-Bresher, Josh

**From:** The Westin San Diego <GCCUSTSERVICE@CONFIRM.STARWOODHOTELS.COM>  
**Sent:** Tuesday, May 1, 2018 2:52 PM  
**To:** Bench-Bresher, Josh  
**Subject:** [EXT] Rest easy. Your reservation has been confirmed (202465085).

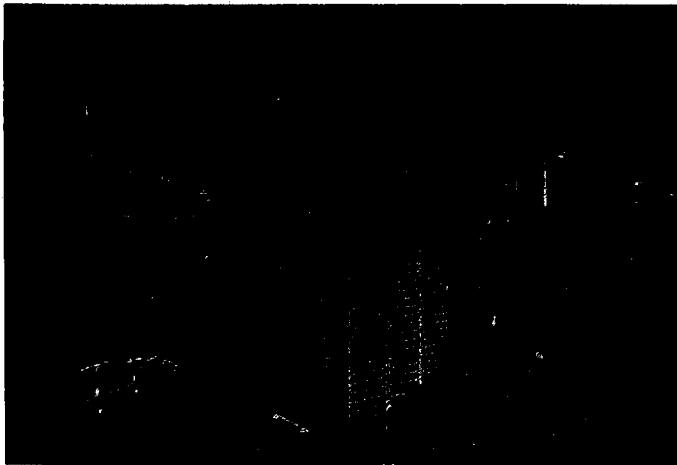
**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

View in a browser for up-to-date reservation information, or change language  
English Français Español Deutsch 中文(简体) 日本語 Italiano Português Русский  
العربية اللغة 中國(傳統) 한국어 Polski Türkçe Nederlands Bahasa (I) বাংলা

**WESTIN**  
HOTELS & RESORTS

### THE WESTIN SAN DIEGO

400 West Broadway  
San Diego, California 92101 United States  
Phone: (1)(619) 239-4500 Fax: (1)(619) 239-3274



- [Contact Us >](#)
- [Guest Rooms >](#)
- [Features and Activities >](#)
- [Dining Options >](#)
- [Local Area >](#)
- [Driving Directions >](#)
- [Area Map >](#)
- [Meeting Space >](#)

Greetings Joshua,

Your reservation is all set – we're excited to welcome you to The Westin San Diego.

At Westin, we're committed to your well-being. If there's anything you need as we prepare for your arrival, don't hesitate to ask.

Stay Well,

**Alyssa Turowski**  
General Manager

**Confirmation: 202465085**

A Facility Fee of \$25.00 USD per room per night, plus local & state taxes, is charged with each guest

#### STAY CONNECTED



#### Your Starwood Preferred Guest Details

**Member Name: JOSHUA BENCH-BRESHER**

**SPG Number: xxxxxxxx262**

**Starpoint Balance: 0**



**Rates for the night of:**

12-Jul-18, 13-Jul-18, 14-Jul-18

**Rate Details** SPG Member Exclusive: Flexible rate  
SPG Member Exclusive reflects up to a 5% discount, plus members receive free in-room internet when you book through our sites or the SPG app.

**Room Rate** 315.84 in US DOLLARS per night

**Taxes****Room rate excludes the following:**

Sdtmd Assessment:

2.00 % Per Room / Per Night

Occupancy Tax:

10.70 % Per Room / Per Night

 $\frac{40.11}{=}$ **Hotel Charges****Room rate excludes the following:**

Facilities Fee:

25.00 Usd Per Room / Per Night

Ff Tax:

3.17 Usd Per Room / Per Night

 $\frac{28.17}{=}$ **Guarantee Rules**

Your room is guaranteed with a(n) VISA card.

**Cancellation Details**

If you cancel before 06:00 PM hotel time on Tuesday, 10 July 2018 there will be no forfeiture amount.

If you cancel after 06:00 PM hotel time on Tuesday, 10 July 2018 the forfeiture amount will be USD 315.84.

There may be additional applicable charges and taxes.

Debit and Credit cards will be authorized at check-in for the amount of your stay, plus an amount to cover incidentals. Please visit "Announcements" on the hotel website for more information.

 $+ \text{Taxes} + \text{Fees} = 384.12$ **Your Privacy**

If you believe this reservation was made in error, please contact us as soon as possible.

Please note: For security purposes, you will be asked to provide a valid government or state-issued photo ID at check-in.

This email may contain links to websites that collect personally identifiable information about you. Marriott International, Inc. is not responsible or liable for the actions of such independent websites, and encourages you to review the privacy statements and policies of such websites to understand how they collect, use and store such information.



7-15 thru 7-17

## Bench-Bresher, Josh

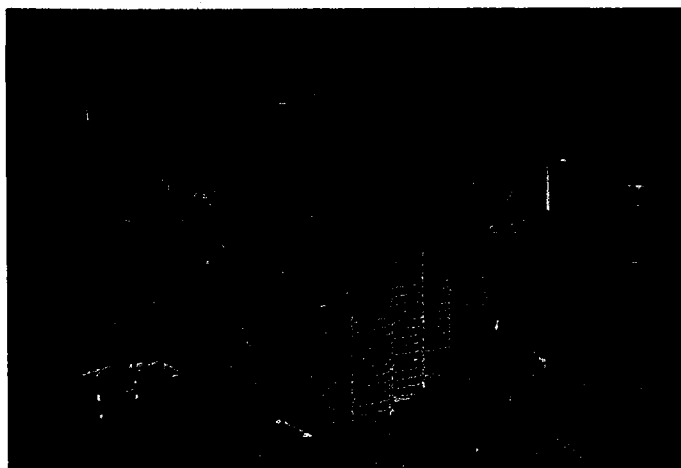
**From:** The Westin San Diego <GCCUSTSERVICE@CONFIRM.STARWOODHOTELS.COM>  
**Sent:** Tuesday, May 1, 2018 2:54 PM  
**To:** Bench-Bresher, Josh  
**Subject:** [EXT] Rest easy. Your reservation has been confirmed (442465086).

View in a browser for up-to-date reservation information, or change language  
English Français Español Deutsch 中文(简体) 日本語 Italiano Português Русский  
العربية 中國(傳統) 한국어 Polski Türkçe Nederlands Bahasa (I) עברית

**WESTIN**  
HOTELS & RESORTS

### THE WESTIN SAN DIEGO

400 West Broadway  
San Diego, California 92101 United States  
Phone: (1)(619) 239-4500 Fax: (1)(619) 239-3274



- [Contact Us >](#)
- [Guest Rooms >](#)
- [Features and Activities >](#)
- [Dining Options >](#)
- [Local Area >](#)
- [Driving Directions >](#)
- [Area Map >](#)
- [Meeting Space >](#)

Greetings Joshua,

Your reservation is all set – we're excited to welcome you to The Westin San Diego. At Westin, we'll do all that we can to help you be at your best. If there is anything you need as we prepare for your arrival, please just ask.

**As a valued guest we invite you to upgrade to a Deluxe Bay View or an allergen Free PURE Room, starting at \$10 per night. [Learn More>>](#)**

Stay Well,

**Alyssa Turowski**  
General Manager

**Confirmation: 442465086**

**A Facility Fee of \$25.00 USD per room per night, plus local & state taxes, is charged with each guest**

#### Tips for a better you

Upgrade  
Your Stay

**Upgrade to a  
Deluxe Bay View  
or an allergen Free  
PURE Room,  
starting at \$10  
more per night.  
[Click Here>>](#)**

#### STAY CONNECTED



**Your Starwood Preferred Guest Details**

please refer to the disclosure section below for additional instructions.

Your Rate: Room 1 of 1

**Rates for the night of:**

15-Jul-18, 16-Jul-18

**Rate Details** ISAC-G9DTJR1B

**Room Rate** 167.00 in US DOLLARS per night

+ Fees = 188.21

**Taxes**

**Room rate excludes the following:**

Sdtmd Assessment:

2.00 % Per Room / Per Night

Occupancy Tax:

10.70 % Per Room / Per Night

= 21.21

**Guarantee Rules**

Your room is guaranteed with a(n) VISA card.

**Cancellation Details**

Cancel by 6:00 PM Hotel time 2 day(s) prior to arrival to avoid a 1 Night penalty. There may be additional applicable charges and taxes.

Debit and Credit cards will be authorized at check-in for the amount of your stay, plus an amount to cover incidentals. Please visit "Announcements" on the hotel website for more information.

**Your Privacy**

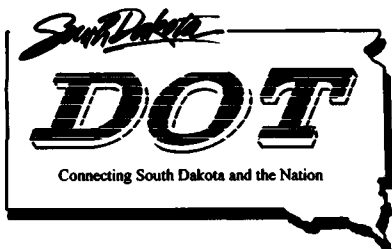
If you believe this reservation was made in error, please contact us as soon as possible.

Please note: For security purposes, you will be asked to provide a valid government or state-issued photo ID at check-in.

This email may contain links to websites that collect personally identifiable information about you. Marriott International, Inc. is not responsible or liable for the actions of such independent websites, and encourages you to review the privacy statements and policies of such websites to understand how they collect, use and store such information.

[Click here for our Privacy Statement.](#)

**Disclosure**



**Department of Transportation**  
**Division of Finance and Management**  
700 E Broadway Ave, Pierre, SD 57501-2586  
Phone: 605 773-3284 Fax: 605 773-2804

RECEIVED  
JUL 23 2018  
S.D. SEC. OF STATE

To: Board of Finance  
% Secretary of State's Office

From: Kellie Beck, Director – Finance and Management  
South Dakota Department of Transportation

Subject: Uncollectible Accounts

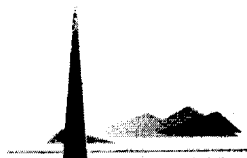
Date: July 16, 2018

KB

Attached please find seventy-three Debt Write Off Requests. The accounts are for property damages and all are over two years old. All seventy-three are being written off due to the fact they are being returned from ORC and the statute of limitations of six years has expired.

Your favorable consideration is requested.

Attachment



# Black Hills State University

1200 University Street, Unit 9505  
Spearfish, South Dakota 57799-9505

## Business Office

Phone: (605) 642-6512  
Fax: (605) 642-6055

State Board of Finance  
Office of Secretary of State  
500 E. Capitol Ave.  
Pierre, SD 57501  
(605) 773-3537

Dear State Board of Finance,

Black Hills State University is requesting the write off of 12 accounts totaling \$12,962.61. Please consider these debt write off requests and let me know if you have any questions or need any additional information.

Sincerely,

Brandon Bentley  
Controller/Director of Business Services  
Black Hills State University  
(605) 642-6562

Cover sheet

**Debt Writeoff Request**  
**State of South Dakota Board of Finance**

When complete, please submit the original to:

State Board of Finance  
Office of Secretary of State  
500 E Capitol Ave  
Pierre SD 57501  
Phone: 605-773-3537

**PLEASE NOTE:** The Request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT on the Thursday prior to the Board of Finance meeting. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Name: University Of South Dakota—Total Write Off requested August 2018

Requested Writeoff Amount: \$30,554.42 Date Debt Became Delinquent: \_\_\_\_\_

Original Amount of Debt: \$30,554.42 Current Amount Due: 30554.42

Collection Efforts History: There are a total of 233 accounts.

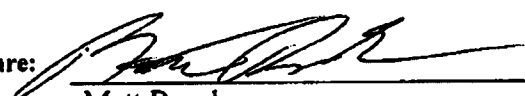
221 accounts are \$100 or less for \$10584.76. 7 accounts are due to Bankruptcy for \$16124.15. 3 accounts have been collected on by other agencies but because of the state laws they reside collection costs are not allowed to be collected on.

This total is \$1403.64. 1 account for \$2441.87. Account is from 2008SU and has been to multiple collection agencies.

Reason for not referring to a collection agency: \_\_\_\_\_

Reason for writeoff request: \_\_\_\_\_

**Fiscal Officer Contact Information**

Signature:   
Name: Matt Beach Agency/Institution: University of South Dakota

Address: 414 East Clark St. Vermillion, SD 57069  
605-677-6621

Telephone: \_\_\_\_\_

Email: Amanda.lynch@usd.edu

**Approval by State Board of Finance**

Approved by the  
State Board of  
Finance on

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Secretary, State Board of Finance